

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Envision Printers/Marketing</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 20 / 2016</b>		
Mailing Address <b>2 Riverbend Pkwy</b>			Amount <b>5290.91</b>		
City <b>Leesburg</b>	State <b>VA</b>	Zip Code <b>20176-0000</b>	Transaction ID : <b>E75772168D2164DC881C</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2016</b>		
Purpose of Expenditure <b>IE-Bridenstine-Direct Mail Production</b>		Category/Type			
Name of Federal Candidate <b>James Frederick Bridenstine</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>OK</b>		
Calendar Year-To-Date Per Election for Office Sought <b>5290.91</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2016</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>111.25</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>EF164AD6B9E224563AF0</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2016</b>		
Purpose of Expenditure <b>IE-Bridenstine-Donation Processing</b>		Category/Type			
Name of Federal Candidate <b>James Frederick Bridenstine</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>OK</b>		
Calendar Year-To-Date Per Election for Office Sought <b>5402.16</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>5402.16</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶			<b>5402.16</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Paul Kilgore</i>		[Electronically Filed]		Date MM / DD / YYYY <b>06 / 21 / 2016</b>	